

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., Director

Weekly Bulletin



STATE BOARD OF PUBLIC HEALTH

DR. HOWARD MORROW, San Francisco, President DR. EDWARD M. PALLETTE, Los Angeles, Vice President
DR. GUSTAVE WILSON, Sacramento DR. WM. R. P. CLARK, San Francisco DR. ROY A. TERRY, Long Beach
DR. V. A. ROSSITER, Santa Ana DR. NORMAN F. SPRAGUE, Los Angeles DR. WALTER M. DICKIE, Sacramento
Executive Officer

SAN FRANCISCO
State Office Building, McAllister and
Larkin Streets Underhill 8700

SACRAMENTO
State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES
State Office Building, 217 West First
Street MADison 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVIII, No. 20

June 10, 1939

GUY P. JONES
EDITOR

Western Branch of American Public Health Association To Meet in Oakland

111

The Western Branch of the American Public Health Association will hold its tenth annual meeting at Oakland July 24-28. Aside from the general program, there will be special sections devoted to vital statistics, health education, and other subjects.

The local registrars of vital statistics will hold a session on Sunday, July 23. This meeting will open at 10 o'clock and will consist only of a round table discussion covering the new birth and death certificate forms that will be used beginning in 1940. Dr. Halbert L. Dunn, Chief Statistician for Vital Statistics, United States Bureau of the Census, Washington, D. C., Mr. Francis D. Rhoads of Seattle, Registrar of Vital Statistics for the State of Washington, Mrs. Marie B. Stringer, State Registrar of Vital Statistics for California, and others, will take part in the discussion. No afternoon or evening sessions will be held.

Another round table discussion covering vital statistics, organized by Mrs. E. Lucia of the Department of Hygiene, University of California, will be held on Tuesday, July 25. A conference of registrars in western states will be conducted Wednesday and Thursday, July 26 and 27, by Dr. Dunn, Chief Statistician for Vital Statistics, United States Bureau of the Census. A large attendance of registrars from western states is expected.

A health education symposium, organized by Dr. W. P. Shephard of San Francisco, will be held during the afternoons of Monday, Tuesday and Wednesday, July 24, 25 and 26. A final session will be held Friday morning, July 28. Dr. Ira V. Hiscock, Professor of Public Health, Yale University School of Medicine, New Haven, Connecticut, will be general chairman. Discussion groups will be divided into two sections, one on school health education and the other on health education of the public. No formal papers are planned. Panels and round table discussions will be under the leadership of authorities in each field.

The section on School Health Education will be under the chairmanship of Walter H. Brown, M. D., Professor of Hygiene, Stanford University, Palo Alto, California, and will consist of three divisions:

Health Instruction in the Classroom.

Discussion leader—Edna W. Bailey, Ph.D., Associate Professor of Education, University of California, Berkeley, California.

Health Service in Schools (including medical, nursing sanitation).

Discussion leader—Charles E. Shepard, M.D., Professor of Hygiene and Physical Education and Director, Student Health Service, Stanford University, California.

Physical Education and Recreation.

Discussion leader—to be selected.

Medical School Library
JUL 1 - 1939
University of California

The chairman of the section on Health Education of the Public will be W. Ford Higby, Executive Secretary, California Tuberculosis Association, San Francisco. The divisions in the section will be:

The Spoken Word (including home and school interviews by nurses and teachers, conferences, meetings).

Discussion leader—Elnora E. Thomson, R.N., Director of Nursing Education, University of Oregon Medical School, Portland, Oregon.

Printed Materials (newspapers, pamphlets, reports, dodgers, posters, etc.).

Discussion leader—Adelheid Arfsten, Welfare Supervisor, Pacific Coast Head Office, Metropolitan Life Insurance Company; Vice Chairman, Committee on Health Education, Western Branch, American Public Health Association, San Francisco, California.

Plays, Moving Pictures and Radio.

Discussion leader—Alan Blanchard, Field Representative, California Tuberculosis Association; Chairman, Committee on Health Education, Western Branch, American Public Health Association, San Francisco, California.

Museums and Exhibits.

Discussion leader—Homer N. Calver, Secretary and Director, Committee on American Museum of Hygiene, American Public Health Association, New York, N. Y.

SAN FRANCISCO JUNIOR CHAMBER OF COMMERCE WINS SOCIAL HYGIENE CONTEST

Thirteen winners in the United State Junior Chamber of Commerce American Social Hygiene Association community syphilis control contest have been announced by the judging committee. The San Francisco, California; Hailey, Idaho; and Ripley, Tennessee, Junior Chambers of Commerce received first, second and third prizes respectively. Awards will be made at the national convention of the United States Junior Chamber of Commerce at Tulsa, Oklahoma, June 21, by Dr. Walter Clarke, executive director of the American Social Hygiene Association.

Open to 650 junior chambers in as many cities and towns, the contest was based on education of the membership concerning individual and community aspects of social hygiene, public education and extension through industry, schools, churches and clubs, and strengthening of local syphilis control programs through legislation, law enforcement and public health facilities, the announcement stated. The contest period ran from December, 1938, to May 15, 1939.

Entries in the form of reports were judged on extent of community activity including the number and size of public meetings, distribution of literature on syphilis and gonorrhea, degree and quality of press and radio cooperation, amount of display space in store windows and other public places, and special studies and surveys related to specific problems in community social hygiene.

Tangible results, the judges pointed out, were obtained in many cases through increased laboratory and clinic facilities and education of the public to their use, passage of legislation requiring examinations for syphilis in applicants for marriage licenses and in expectant mothers, and, in some instances, a strengthening of law enforcement against vice conditions.

In addition to first, second and third prizes, there were ten honorable mentions and seven special mentions. Leading among states in number of winners was Utah with four honorable mentions which were conferred on Junior Chambers of Commerce in Cedar City, Logan, Ogden and Provo. California had three, a first prize for San Francisco, honorable mention for Whittier, and special mention for Vallejo. Youngstown, Ohio, received honorable mention, while Toledo and Salem had special mentions conferred. Ten states are represented among the winners: California, Idaho, Massachusetts, Minnesota, Missouri, Ohio, Tennessee, Utah, Washington and West Virginia.

VENEREAL DISEASE PROBLEMS INTRICATE

The Chairman of the Central Board of the South Australia Department of Public Health recently made a first-hand study of venereal disease control in foreign countries. His appreciation of the difficulties encountered in control of these diseases is emphasized in the following report published in Public Health Notes, Adelaide:

"Everywhere the control of venereal diseases is recognized to be difficult. It is far more than a purely medical problem. It presents much greater difficulties than the control of, say, diphtheria or smallpox. Indeed, when the attempt is made to eradicate venereal diseases it is found that many of the problems are not medical at all, but are economic, social, psychological, religious, sentimental, and legal. These are all intricate problems of the greatest difficulty.

"In many countries venereal diseases are notifiable to the health authorities. In Canada and the United States this is so, and it is also the rule in most of the Australian states.

"In England venereal diseases are not notifiable. The general view of English experts is that com-

pulsory notification would not achieve more than is being done under present conditions and, what is worse, would probably cause many sufferers to refrain from or delay in reporting for treatment. It is considered a better plan to encourage early and adequate treatment of sufferers by providing good and ample facilities and by having these free clinics available at all hours.

"The scheme of the British Ministry of Health is based on the principle that treatment is primarily to prevent the spread of the diseases, that it is for the benefit of the community as well as the individual, and that ample facilities for free treatment should be available to every sufferer. The county and county borough councils have set up a large number of treatment centers and have also carried out, either directly or through the agency of the British Social Hygiene Council, a more or less continuous education of the public.

"According to Sir George Newman (1933), the indications are that, in respect of syphilis, the scheme has been attended by a considerable measure of success. The majority of persons infected with syphilis in England report to the treatment centers early and the people generally realize the seriousness of the disease and the danger of infecting others. Early and efficient treatment has rendered the occurrence of the severe external mutilations of the later stages of syphilis a rarity. It seems, too, that the incidence of syphilis has fallen during the last few years. Gonorrhoea, however, presents another story. The returns show no decline in its incidence. Nor is the situation likely to improve until a specific remedy is found and until infected persons fully realize the importance of thorough treatment. The developments in treatment by sulphanilamide drugs are likely to be of great value.

"Recently, the British Ministry of Health sent a Committee of experts to study control methods in the Scandinavian countries and in Holland. The conclusions reached were:

'(1) In Denmark and Sweden, two countries in which laws specially directed to combating venereal diseases are in operation, the measures are regarded as beneficial, and they receive the cooperation of the public. There was no evidence that the operation of the law led to concealment of disease to any appreciable extent or imposed undue hardship on the people. The smooth running of the arrangements is largely attributable to the national characteristics and social outlook of the people and to the influential position of the medical profession in these countries.

'In Norway, though there is no special anti-venereal law, the authorities have power to secure the compulsory isolation of patients with venereal diseases, but these powers do not appear to be exercised very strictly.

'(2) As a result of investigation of the antivenereal measures in force in Denmark, Sweden, Norway, and Holland, and from knowledge of the arrangements in operation in Great Britain, it is concluded that in each of these five countries the authorities have been able to secure a sufficient degree of cooperation by

infected persons to achieve a substantial measure of success in reducing the incidence of syphilis. On the other hand, none of these countries has been outstandingly successful in effecting a reduction in the incidence of gonorrhoea.

'(3) Considering that in the countries employing compulsory treatment and in those which rely on a voluntary system the degree of success in reducing the incidence of syphilis and of relative failure in gonorrhoea are broadly similar, compulsory treatment does not seem to be a major factor influencing the results of the antivenereal measures in the countries where it is employed.'

"The opinion of Dr. Madsen, the Danish authority, is this:

'If we are to summarize the underlying factor in the relatively satisfactory conditions in Denmark as far as venereal diseases are concerned, it may safely be said, I think, that it is due above all to an expedient and adequate legislation that gives easy access to free treatment of these diseases.'

"In England, the British Social Hygiene Council does useful work in educating the public in matters of sex hygiene. The ideal of the council is a clean nation and a clean empire. In the work it sets out to do the council fulfills a highly useful function. Vigorous instruction of the general public is given as to the nature and dangers of venereal infections and the necessity for proper treatment by qualified practitioners is repeatedly stressed. The carefully planned and properly conducted efforts in teaching the people along these lines produce better results than compulsory notification. To lead the people in the way of health by teaching them is a sounder plan than to try to drive them by compulsory measures.

"The building up of a strong vigorous race—free from taint of venereal diseases—can be assisted by the more generous indulgence of adolescents in athletics and healthy recreations, by fostering an increased pride in personal fitness, and by the wider development of soundly-based home life. These are the best prophylactics to use."

What a searching preacher of self-command is the varying phenomenon of health.—Emerson.

MORBIDITY

Complete Reports for Following Diseases for Week Ending June 3, 1939

Chickenpox

530 cases: Alameda County 1, Albany 1, Alameda 26, Berkeley 11, Oakland 24, San Leandro 2, Chico 1, Contra Costa County 2, Pittsburg 4, Fresno County 1, Fresno 8, Willows 1, Imperial 2, Inyo County 2, Kern County 3, Hanford 1, Los Angeles County 41, Alhambra 2, Compton 2, El Monte 1, Glendale 2, Huntington Park 1, Long Beach 5, Los Angeles 57, Monrovia 1, Pasadena 8, Pomona 2, Redondo 1, San Fernando 1, San Marino 3, Lynwood 2, South Gate 3, Maywood 1, Bell 2, Madera County 1, Madera 2, Yosemite National Park 1, Fort Bragg 25, Monterey 1, Pacific Grove 2, Calistoga 1, Grass Valley 1, Orange County 18, Anaheim 13, Huntington Beach 3, Santa Ana 1, Corona 1, Riverside 2, Sacramento County 2, Sacramento 17, San Bernardino County 1, Colton 1, San Bernardino 2, San Diego County 14, Chula Vista 1, Escondido 2, National City 24, Oceanside 1, San Diego 44, San Francisco 50, San Joaquin County 2, Manteca 2, Stockton 14, San Luis Obispo County 2, San Luis Obispo 1, Daly City 1, Hillsborough 1, Santa Barbara County 4, Santa Barbara 2, Santa Clara County 1, San Jose 21, Vacaville 1, Sonoma County 2, Stanislaus County 1, Trinity County 4, Tulare County 6, Ventura 1, Ojai 6, Yuba County 2.

Diphtheria

20 cases: Kern County 3, Los Angeles County 2, Long Beach 1, Los Angeles 4, Merced County 1, Nevada County 1, Orange County 1, San Bernardino County 1, San Diego 1, San Francisco 1, Santa Cruz 1, Watsonville 1, Sonoma County 2.

German Measles

21 cases: Berkeley 2, Tehachapi 1, Los Angeles County 2, Los Angeles 4, San Diego 1, San Francisco 2, San Joaquin County 1, Stockton 1, San Luis Obispo County 2, Gilroy 1, Tulare County 2, Exeter 1, Ventura 1.

Influenza

34 cases: Inyo County 1, Glendale 2, Los Angeles 6, Madera County 1, Madera 1, Yosemite National Park 1, Placer County 6, San Diego County 1, La Mesa 6, San Diego 1, San Francisco 2, Burlingame 1, Siskiyou County 3, Tulare County 2.

Malaria

1 case: San Francisco.

Measles

2179 cases: Alameda County 28, Alameda 7, Albany 8, Berkeley 13, Hayward 1, Oakland 48, San Leandro 1, Chico 1, Contra Costa County 20, Concord 1, Martinez 3, Walnut Creek 30, Fresno County 49, Fresno 17, Reedley 1, Selma 1, Eureka 47, Imperial County 6, Calexico 2, Inyo County 3, Kern County 13, Lake County 5, Los Angeles County 296, Alhambra 30, Arcadia 5, Burbank 2, Claremont 7, Compton 17, Covina 1, Culver City 10, El Monte 2, Glendale 14, Huntington Park 9, Inglewood 6, Long Beach 43, Los Angeles 299, Manhattan 1, Monrovia 4, Montebello 1, Pasadena 27, Pomona 2, Redondo 4, San Gabriel 2, Santa Monica 15, Sierra Madre 1, South Pasadena 8, Lynwood 4, Hawthorne 6, South Gate 13, Monterey Park 9, Maywood 5, Bell 2, Madera 1, Mill Valley 1, San Anselmo 1, San Rafael 2, Mendocino County 45, Merced County 2, Monterey County 10, Monterey 26, Salinas 3, Calistoga 1, Napa 2, Orange County 92, Anaheim 13, Fullerton 24, Newport Beach 1, Santa Ana 1, La Habra 6, Laguna Beach 17, Placer County 17, Plumas County 10, Riverside County 5, Beaumont 3, Corona 28, Elsinore 1, Perris 1, Riverside 3, Indio 1, Sacramento County 37, Sacramento 75, San Bernardino County 9, Colton 3, Ontario 13, Redlands 2, San Bernardino 2, San Diego County 33, Chula Vista 3, La Mesa 9, National City 2, Oceanside 1, San Diego 46, San Francisco 14, San Joaquin County 35, Manteca 1, Stockton 25, Tracy 10, San Luis Obispo County 3, Paso Robles 5, Burlingame 2, Menlo Park 1, Santa Barbara County 19, Santa Barbara 54, Santa Clara County 15, Palo Alto 28, Santa Cruz County 7, Watsonville 12, Shasta County 1, Siskiyou County 56, Solano County 11, Dixon 7, Vacaville 3, Vallejo 2, Sonoma County 27, Healdsburg 5, Santa Rosa 5, Tulare County 24, Dinuba 1, Exeter 2, Lindsay 3, Porterville 4, Ventura County 1, Fillmore 1, Ventura 22, Yolo County 6, Davis 6, Winters 1, Woodland 49, California 1.*

Mumps

621 cases: Alameda County 13, Albany 1, Berkeley 37, Hayward 3, Oakland 54, Contra Costa County 4, Concord 8, Martinez 2, Pittsburg 1, El Dorado County 1, Fresno County 7, Fresno 6, Glenn County 8, Willows 3, Imperial County 1, Kern County 26, Bakersfield 2, Los Angeles County 20, Glendale 4, Glendora 2, Hermosa 1, Long Beach 12, Los Angeles 36, Manhattan 1, Monrovia 2, Pasadena 9, Pomona 2, Redondo 1, San Gabriel 1, Santa Monica 2, South Pasadena 2, Torrance 2, Lynwood 3, Bell 1, Madera County 6, Madera 2, Marin County 4, Mill Valley 2, San Rafael 3, Mendocino County 15, Merced County 2, Monterey County 1, Monterey 1, Nevada County 4, Placer County 10, Banning 2, Beaumont 4, Blythe 1, Riverside 7, Palm Springs 1, Sacramento County 26, Sacramento 30, San Bernardino County 3, Colton 1, Ontario 3, San Diego County 8, San Diego 5, San Francisco 78, San Joaquin County 27, Lodi 1, Stockton 19, Tracy 4, San Luis Obispo County 9, Paso Robles 1, San Luis Obispo 3, Lompoc 1, Santa Clara County 3, Gilroy 3, Palo Alto 1, San Jose 4, Santa Cruz County 3, Santa Cruz 1, Redding 5, Solano County 10, Benicia 8, Dixon 1, Fairfield 1, Vacaville 2, Vallejo 1, Stanislaus County 3, Trinity County 1, Tulare County 3, Visalia 4, Ventura County 1, Ventura 1, Davis 1, Winters 1, Woodland 1.

Pneumonia (Lobar)

34 cases: Los Angeles County 2, Glendale 1, Long Beach 1, Los Angeles 18, Pasadena 1, Madera County 1, Orange County 1, Brea 1, Santa Ana 1, Beaumont 1, Sacramento 1, North Sacramento 1, San Diego 1, San Francisco 1, Stockton 1, Santa Barbara County 1.

Scarlet Fever

140 cases: Berkeley 1, Emeryville 2, Oakland 4, Colusa County 1, Contra Costa County 1, Fresno 3, Imperial County 4, Brawley 1, Calexico 4, Kern County 3, Delano 1, Lake County 2, Los Angeles County 10, Alhambra 1, Culver City 1, El Segundo 1, Glendale 3, Huntington Park 1, Long Beach 4, Los Angeles 33, San Gabriel 1, Santa Monica 1, San Rafael 2, Monterey County 3, Nevada County 1, Orange County 1, Exeter 1, Ojai 1, Yuba County 2, Santa Ana 1, Placer County 1, Riverside County 1, Sacramento County 2, Sacramento 2, Ontario 1, La Mesa 1, San Diego 4, San Francisco 8, San Joaquin County 2, Lodi 4, Arroyo Grande 1, San Luis Obispo 1, Santa Barbara 3, Santa Maria 1, Santa Clara County 4, Santa Clara 1, Santa Cruz

County 1, Watsonville 1, Bell 1, Vallejo 1, Petaluma 1, Tulare County 2, California 1.*

Smallpox

10 cases: Butte County 1, Chico 1, Orland 1, Riverside County 1, Colton 4, Porterville 1, California 1.*

Typhoid Fever

8 cases: Oakland 2, Imperial County 2, Kern County 2, Riverside County 2.

Whooping Cough

184 cases: Albany 1, Oakland 3, Fresno County 2, Selma 1, Glenn County 1, Inyo County 1, Kern County 12, Los Angeles County 9, Glendale 4, Huntington Park 1, Inglewood 2, Long Beach 18, Los Angeles 20, Pasadena 2, Redondo 1, San Marino 1, Santa Monica 6, Torrance 1, South Gate 1, Marin County 4, Orange County 1, Fullerton 4, Santa Ana 4, La Habra 1, Riverside County 2, San Bernardino County 3, San Diego County 6, San Diego 36, San Francisco 13, San Joaquin County 2, South San Francisco 1, Santa Barbara 6, Solano County 3, Sonoma County 2, Tulare County 5, Exeter 1, Oxnard 3.

Meningitis (Epidemic)

2 cases: Los Angeles 1, San Francisco 1.

Dysentery (Amoebic)

3 cases: Los Angeles 2, San Diego 1.

Dysentery (Bacillary)

9 cases: Oakland 1, Calexico 1, Los Angeles County 1, Los Angeles 2, Merced County 1, San Francisco 3.

Leprosy

1 case: Paso Robles.

Pellagra

2 cases: Oakland.

Poliomyelitis

18 cases: Oakland 1, Coalinga 1, Imperial County 1, El Centro 5, Kern County 1, Bakersfield 1, Los Angeles County 1, La Habra 1, Corona 1, San Diego County 1, San Diego 1, Santa Barbara 3.

Tetanus

1 case: Monterey County.

Trachoma

4 cases: Merced County 1, Riverside County 2, Solano County 1.

Encephalitis (Epidemic)

1 case: Hanford.

Paratyphoid Fever.

1 case: Sonoma County.

Typhus Fever

1 case: Los Angeles.

Food Poisoning

4 cases: San Francisco 2, San Mateo County 2.

Undulant Fever

3 cases: Los Angeles 1, South Gate 1, Mendocino County 1.

Coccidioidal Granuloma

1 case: Coalinga.

Septic Sore Throat

2 cases: Bakersfield 1, South San Francisco 1.

Rabies (Animal)

21 cases: Calexico 2, Kern County 3, Taft 3, Los Angeles County 2, Los Angeles 4, South Gate 1, Riverside County 1, San Diego 2, San Mateo County 1, Stanislaus County 1, Porterville 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.